APPENDIX 3 FIGURE 9

(SECTIONS 1 TO 6)

Subject no

AIR QUALITY SURVEY QUESTIONNAIRE

SECTION 1

INTERVIEWER'S NAME.....

DATE.....

SUBJECT'S NAME.....

AGE.....

MALE/FEMALE.....

MARRIED/PARTNER/SINGLE.....

LIVING WITH SPOUSE/PARTNER.....

ADDRESS.....

POST CODE.....

OCCUPATION.....

OCCUPATION POST-CODE.....

2023686480

Source: https://www.industrydocuments.ucsf.edu/docs/ytlm0000

HUK Study no 12/64

Subject no

AIR QUALITY SURVEY QUESTIONNAIRE

SECTION 2

1. DID THE MONITOR WORK PROPERLY FOR THE WHOLE TEST PERIOD?.....
2. WAS THE MONITOR KEPT IN YOUR VICINITY AT ALL TIMES? .....
3. WAS THE MONITOR INTERFERED WITH BY ANYBODY?.....
4. DID ANYONE DELIBERATELY BLOW SMOKE INTO THE MONITOR?.....
5. DID YOU SPEND ANY TIME IN A DUSTY ATMOSPHERE?.....
6. DID YOU SPEND ANY TIME NEAR HEAVY TRAFFIC?.....
7. IS YOUR HOME / ACCOMMODATION NEAR A BUSY ROAD?.....
8. WHICH AEROSOL SPRAYS/ OTHER SPRAYS/PERFUME SPRAYS DID YOU USE?

   .....
9. WHAT TYPE OF HEATING IS USED IN YOUR HOME/ACCOMMODATION?.....
10. DID YOU USE THE VACUUM CLEANER OR DID ANYONE ELSE USE IT WHILE YOU WERE THERE?.....
11. DID YOU DO, OR WERE YOU NEAR, ANY PAINTING OR DECORATING?.....
12. DID YOU DO, OR WERE YOU NEAR, ANY COOKING?.....
13. WAS ANY FRYING DONE WHILE YOU WERE NEARBY?.....
14. HOW DO YOU RATE THE GENERAL AIR QUALITY IN THE REGION WHERE YOU LIVE?

    Very Good Good Moderate Poor Very Poor

2023686481

Source: https://www.industrydocuments.ucsf.edu/docs/ytlm0000

HUK Study no. 12/64

Subject no

AIR QUALITY SURVEY QUESTIONNAIRE

SECTION 3

15. HOW DO YOU RATE YOUR AVERAGE EXPOSURE TO TOBACCO SMOKE DURING THE TEST PERIOD?

None * Low Moderate High Very High
* IF NONE PROCEED TO QUESTION 18

16. FOR HOW MANY HOURS OF THE TEST PERIOD WAS THE EXPOSURE TO TOBACCO SMOKE?

None.....Low.....Moderate.....High.....Very High.....
(TOTAL IS DURATION OF TEST PERIOD)

17. WHAT PERCENTAGE OF YOUR TOTAL EXPOSURE TO TOBACCO SMOKE IN THE TEST PERIOD DO YOU ESTIMATE THAT OCCURRED: (TOTAL IS 100%)

At home/accommodation.....At work.....In travel.....During leisure.....

18. HOW DID YOUR EXPOSURE TO TOBACCO SMOKE DURING THE TEST PERIOD COMPARE WITH YOUR AVERAGE EXPOSURE LEVEL OVER THE LAST SIX MONTHS? EXPOSURE IN THE TEST PERIOD WAS:

Much less than normal.

Less than normal.

Fairly typical of average exposure.

More than normal.

Much more than normal.

19. WHAT PERCENTAGE OF YOUR TOTAL EXPOSURE TO TOBACCO SMOKE IN THE LAST SIX MONTHS DO YOU ESTIMATE THAT OCCURRED: (TOTAL IS 100%)

At home/accommodation.....At work.....In travel.....During leisure.....

20. FROM THE FOLLOWING LIST CAN YOU PLACE IN ORDER THE FOUR MAIN SOURCES OF YOUR EXPOSURE TO TOBACCO SMOKE DURING THE LAST SIX MONTHS? (NUMBER AS 1 TO 4)

Work.....Travel.....Leisure.....Spouse/Partner.....Father.....Mother.....
Son.....Daughter.....Brother.....Sister.....Friends.....Other People.....
Own Smoking.....None.....

2023686482

Source: https://www.industrydocuments.ucsf.edu/docs/ytlm0000

HUK Study no 12/64

Subject no

AIR QUALITY SURVEY QUESTIONNAIRE

SECTION 4

21. HOW MANY HOURS IN THE TEST PERIOD DID YOU SPEND AT HOME / ACCOMMODATION?.....

22. HOW MANY HOURS IN THE TEST PERIOD DID YOU SPEND AT WORK (EXCLUDING WORK-RELATED TRAVEL)?.....

23. HOW MANY HOURS IN THE TEST PERIOD DID YOU SPEND IN TRAVEL (INCLUDING WORK-RELATED TRAVEL)?.....***

24. HOW MANY HOURS IN THE TEST PERIOD DID YOU SPEND AT LEISURE?.....
(This does not include leisure at home)

(TOTAL TIME FOR HOME, WORK, TRAVEL AND LEISURE SHOULD BE DURATION OF TEST PERIOD)

DEFINITIONS

HOME Normal place of abode in recent weeks.

ACCOMMODATION Place of stay during the study period if not at home.

WORK** Occupation or employment but not housework or other work at own home.

TRAVEL All forms of transport unless a sporting activity.

LEISURE All time spent when not at home/accommodation, not at work and not in travel

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Source: https://www.industrydocuments.ucsf.edu/docs/ytlm0000

HUK Study no. 12/64

Subject no

AIR QUALITY SURVEY QUESTIONNAIRE

SECTION 4 (continued)

SECTION 4A (THE HOME)

25. WHAT TYPE OF HOME / ACCOMMODATION DID YOU STAY IN DURING THE TEST PERIOD?

House Flat Caravan Hotel Other.....

26. HOW WELL VENTILATED IS THE HOME / ACCOMMODATION?

Good Moderate Poor

27. IS THIS YOUR NORMAL PLACE OF ACCOMMODATION DURING THE LAST MONTH?.....

28. DID ANYONE SMOKE IN YOUR HOME / ACCOMMODATION DURING THE TWO DAYS PRIOR TO THE TEST PERIOD?.....

29. DID ANYONE SMOKE IN YOUR HOME / ACCOMMODATION DURING THE TEST PERIOD?.....

Spouse/Partner Father Mother Sister Brother Son Daughter. Visitor Other.....

30. FOR HOW MANY HOURS IN YOUR HOME / ACCOMMODATION WERE YOU IN THE SAME ROOM AS SOMEONE SMOKING DURING THE TEST PERIOD?.....

31. HOW DO YOU RATE YOUR EXPOSURE TO TOBACCO IN YOUR HOME / ACCOMMODATION DURING THE TEST PERIOD?

None Very Low Low Moderate High Very High

SECTION 4B (LEISURE)

32. IN WHICH OF THE FOLLOWING DID YOU SPEND LEISURE TIME?

Pub Restaurant Club Cinema Church Sport Education Visiting Shopping Others.....

33. FOR HOW MANY HOURS AT LEISURE WERE YOU IN THE PRESENCE OF SMOKING?.....

34. HOW DO YOU RATE YOUR EXPOSURE TO TOBACCO SMOKE AT LEISURE DURING THE TEST PERIOD?

None Very Low Low Moderate High Very High

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Subject no

AIR QUALITY SURVEY QUESTIONNAIRE

SECTION 4 (continued)

SECTION 4C (WORK)** If question 22 = none proceed to Section 4D
(ALL travel should be reported in Section 4D)

35. HOW MANY HOURS AT WORK DID YOU SPEND INSIDE A BUILDING?.....

36. HOW MANY HOURS AT WORK DID YOU SPEND IN THE OPEN AIR?.....

If no work is indoors proceed to Question 41

37. HOW GOOD IS THE VENTILATION IN THE MAIN AREA WHERE YOU WORK INDOORS?

Good Moderate Poor

38. IS THERE AIR CONDITIONING IN THE MAIN AREA WHERE YOU WORK INDOORS?.....

39. IS SMOKING PERMITTED IN THE MAIN AREA WHERE YOU WORK INDOORS?.....

40. IS THERE A SPECIAL AREA SET ASIDE FOR SMOKING?.....

41. FOR HOW MANY HOURS AT WORK DURING THE TEST PERIOD WERE YOU IN THE PRESENCE OF SMOKING?.....

42. HOW DO YOU RATE YOUR EXPOSURE TO TOBACCO SMOKE AT WORK DURING THE TEST PERIOD?

None Very Low Low Moderate High Very High

SECTION 4D (TRAVEL)

43. WHICH FORMS OF TRAVEL DID YOU USE DURING THE TEST PERIOD (DO NOT INCLUDE IF FOR SPORT) ?

Car Bus Train Plane Motorcycle Cycle Walking Other.....

44. FOR HOW MANY OF THESE HOURS OF TRAVEL WERE YOU IN THE PRESENCE OF SMOKING?.....

45. HOW DO YOU RATE YOUR EXPOSURE TO TOBACCO SMOKE WHILE TRAVELLING DURING THE TEST PERIOD?

None Very Low Low Moderate High Very High

2023686485

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Subject no

AIR QUALITY SURVEY QUESTIONNAIRE

SECTION 5

SECTION 5A (SPOUSE SMOKING) If no spouse or partner proceed to Section 5B

46. DOES YOUR SPOUSE/PARTNER SMOKE AT PRESENT?.....

47. HAS YOUR SPOUSE/PARTNER EVER SMOKED SINCE YOU HAVE BEEN TOGETHER?
.....
If spouse/partner is a non-smoker proceed to Section 5B

48. HOW MANY CIGARETTES DOES YOUR SPOUSE/PARTNER NORMALLY SMOKE PER DAY? .....

49. HOW MANY CIGARETTES DOES YOUR SPOUSE/PARTNER NORMALLY SMOKE ANYWHERE IN YOUR PRESENCE PER DAY?.....

50. HOW MANY CIGARETTES DID YOUR SPOUSE/PARTNER SMOKE ANYWHERE IN YOUR PRESENCE DURING THE TEST PERIOD?.....

51. FOR HOW MANY HOURS DID YOUR SPOUSE/PARTNER SMOKE ANYWHERE IN YOUR PRESENCE DURING THE TEST PERIOD?.....

52. DID YOUR SPOUSE/PARTNER SMOKE A PIPE OR CIGARS ANYWHERE IN YOUR PRESENCE DURING THE TEST PERIOD? .....

53. HOW DO YOU RATE YOUR EXPOSURE TO YOUR SPOUSE'S/PARTNER'S TOBACCO SMOKE DURING THE TEST PERIOD?
None Very Low Low Moderate High Very High

SECTION 5B (SMOKING BY OTHER MEMBERS OF HOUSEHOLD)

54. DOES ANY OTHER MEMBER (NOT INCLUDING SPOUSE/PARTNER) OF YOUR HOUSEHOLD SMOKE?.....

If no other smokers in same accommodation proceed to Section 6

55. FOR HOW MANY HOURS DID OTHER MEMBERS (NOT INCLUDING SPOUSE/PARTNER) OF YOUR HOUSEHOLD SMOKE IN YOUR PRESENCE AT YOUR ACCOMMODATION DURING THE TEST PERIOD?.....

56. FOR HOW MANY HOURS DID OTHER MEMBERS (NOT INCLUDING SPOUSE/PARTNER) OF YOUR HOUSEHOLD SMOKE IN YOUR PRESENCE ANY WHERE ELSE DURING THE TEST PERIOD?.....

57. HOW DO YOU RATE YOUR EXPOSURE TO TOBACCO SMOKE FROM OTHER MEMBERS OF YOUR HOUSEHOLD (NOT INCLUDING SPOUSE/PARTNER) DURING THESE HOURS OF SMOKING?

None Very Low Low Moderate High Very High

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Source: https://www.industrydocuments.ucsf.edu/docs/ytlm0000

Subject no

AIR QUALITY SURVEY QUESTIONNAIRE

SECTION 6

58. HOW MANY CIGARETTES DID YOU SMOKE DURING THE TEST PERIOD?.....

59. HOW MANY CIGARETTES DID YOU SMOKE DURING THE LAST WEEK?.....

60. HOW MANY CIGARETTES DID YOU SMOKE DURING THE LAST YEAR?.....

61 WHEN DID YOU LAST SMOKE?.....

62. FOR HOW MANY YEARS HAVE YOU SMOKED DURING YOUR LIFE?.....

63. WHAT WAS THE AVERAGE NUMBER OF CIGARETTES SMOKED PER DAY DURING THESE YEARS OF SMOKING?.....

COMMENTS ABOUT THE TEST PERIOD BY THE SUBJECT.

COMMENTS BY THE INTERVIEWER.

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